

2001 Maine Behavioral Risk Factor Surveillance System Questionnaire

Introduction.....	1
Section 1: Health Status.....	2
Section 2: Health Care Access.....	3
Section 3: Exercise.....	3
Section 4: Hypertension Awareness.....	4
Section 5: Cholesterol Awareness.....	5
Section 6: Asthma.....	5
Section 7: Diabetes.....	6
Module 1: Diabetes.....	6
Section 8: Arthritis.....	9
Section 9: Immunization.....	10
Section 10: Tobacco Use.....	11
Section 11: Alcohol Consumption.....	11
Section 12: Firearms.....	12
Section 13: Demographics.....	12
Section 14: Disability.....	17
Section 15: Physical Activity.....	17
Section 16: Prostate Cancer Screening.....	19
Section 17: Colorectal Cancer Screening.....	21
Section 18: HIV/AIDS.....	22
Transition to Modules and State-added Questions.....	25
Module 8: Heart Attack and Stroke.....	25
Module 13: Tobacco Indicators.....	28
NEW ENGLAND STATE-ADDED ASTHMA QUESTIONS.....	31
Closing Statement.....	36

Introduction

HELLO, I'm _____ (name) _____ calling for the Maine Department of Health and the Centers for Disease Control and Prevention. We're gathering information on the health practices of Maine residents to guide state health policies. Your phone number has been chosen randomly, and we'd like to ask some questions about day-to-day living habits that may affect health.

Is this _____ (phone number) _____ ?

If "no"

Thank you very much, but I seem to have dialed the wrong number, It's possible that your number may be called at a later time. **Stop**

We need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

___ Number of adults

If "1" Are you the adult?

If "yes" Then you are the person I need to speak with. **Enter 1 man or 1 women below (Ask gender if necessary). Go to page 2**

If "no" Is the adult a man or a woman? **Enter 1 man or 1 women below.** May I speak with [fill in (him/her) from previous question]? **Go to "correct respondent" at bottom of page**

How many of these adults are men and how many are women?

___ Number of men

___ Number of women

The person in your household that I need to speak with is _____.

If "you," go to page 2

To correct respondent HELLO, I'm _____ (name) _____ calling for the Maine Department of health and the Centers for Disease Control and Prevention. We're gathering information on the health habits of Maine residents to guide state health policies. You have been chosen randomly to be interviewed, and we'd like to ask some questions about day-to-day living habits that may affect health.

We do not ask for your name, address, or other personal information that identifies you. The phone number is erased once we finish all interviews at the end of the year. There are no risks or

benefits to you being in this survey. Taking part is up to you. You don't have to answer any question you don't want to, and you are free to end the interview at any time. The interview takes _____ minutes. All information you give us will be confidential. If you have any questions about this survey, I will provide a toll free telephone number for you to call to get more information.

Section 1: Health Status

1.1. Would you say that in general your health is: (72)

Please Read

Excellent	1
Very good	2
Good	3
Fair	4
or	
Poor	5

Do not read	Don't know/Not sure	7
these responses	Refused	9

1.2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

(73-74)

Number of days	
None	8 8
Don't know/Not sure	7 7
Refused	9 9

1.3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (75-76)

Number of days	
None	8 8
Don't know/Not sure	7 7
Refused	9 9

If 1.2 and 1.3=88, Go to 2.1

1.4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

(77-78)

Number of days		
None		8 8
Don't know/Not sure		7 7
Refused		9 9

Section 2: Health Care Access

2.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

(79)

Yes		1
No	Go to 2.3	2
Don't know/Not sure	Go to 2.3	7
Refused	Go to 2.3	9

2.2. During the past 12 months, was there any time that you did not have any health insurance or coverage?

(80)

Yes		1
No		2
Don't know/Not sure		7
Refused		9

2.3. Do you have one person you think of as your personal doctor or health care provider?

(81)

If "no," ask	Yes, only one	1
"Is there <u>more</u>	More than one	2
<u>than one</u> or is	No	3
there <u>no</u> person	Don't know/Not sure	7
who you think of?"	Refused	9

Section 3: Exercise

3.1. During the past 30 days, other than your regular job, did you participate in any physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise? (82)

Yes		1
No		2
Don't know/Not sure		7
Refused		9

Section 4: Hypertension Awareness

4.1. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (83)

Yes		1
No	Go to 5.1	2
Don't know/Not sure	Go to 5.1	7
Refused	Go to 5.1	9

4.2. Are you currently taking medicine for your high blood pressure? (84)

Yes		1
No		2
Don't know/Not sure		7
Refused		9

Section 5: Cholesterol Awareness

5.1. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (85)

Yes		1
No	Go to 6.1	2
Don't know/Not sure	Go to 6.1	7
Refused	Go to 6.1	9

5.2. About how long has it been since you last had your blood cholesterol checked? (86)

Read Only if Necessary

Within the past year (anytime less than 12 months ago)	1
Within the past 2 years (1 year but less than 2 years ago)	2
Within the past 5 years (2 years but less than 5 years ago)	3
5 or more years ago	4
Don't know/Not sure	7
Refused	9

5.3. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high? (87)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

Section 6: Asthma

6.1. Have you ever been told by a doctor, nurse, or other health professional that you had asthma? (88)

Yes		1
No	Go to 7.1	2
Don't know/Not sure	Go to 7.1	7
Refused	Go to 7.1	9

6.2. Do you still have asthma? (89)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

Section 7: Diabetes

7.1. Have you ever been told by a doctor that you have diabetes? (90)

If "Yes" and female, ask "Was this only when you were pregnant?"	Yes		1
	Yes, but female told only during pregnancy	Go to 8.1	2
	No	Go to 8.1	3
	Don't know/Not sure	Go to 8.1	7
	Refused	Go to 8.1	9

Module 1: Diabetes

MOD1_1. How old were you when you were told you have diabetes? (180-181)

Code age in years [97 = 97 and older]	___
Don't know/Not sure	9 8
Refused	9 9

MOD1_2. Are you now taking insulin? (182)

Yes	1
No	2
Refused	9

MOD1_3. Are you now taking diabetes pills? (183)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

MOD1_4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (184-186)

Times per day	1	__	__
Times per week	2	__	__
Times per month	3	__	__
Times per year			4
-			
Never	8	8	8
Don't know/Not sure	7	7	7
Refused	9	9	9

MOD1_5. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (187-189)

Times per day	1	__	__
Times per week	2	__	__
Times per month	3	__	__
Times per year			4
-			
Never	8	8	8
No feet	5	5	5
Don't know/Not sure	7	7	7
Refused	9	9	9

MOD1_6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal? (190)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

MOD1_7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (191-192)

Number of times	__	__
None	8	8
Don't know/Not sure	7	7
Refused	9	9

MOD1_8. A test for hemoglobin "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for hemoglobin "A one C"? (193-194)

Number of times [76 = 76 or more]	— —
None	8 8
Never heard of hemoglobin "A one C" test	9 8
Don't know/Not sure	7 7
Refused	9 9

If MOD1_5 =555, Go to MOD1_10

MOD1_9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (195-196)

Number of times	— —
None	8 8
Don't know/Not sure	7 7
Refused	9 9

MOD1_10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (197)

Read Only if Necessary

Within the past month (anytime less than 1 month ago)	1
Within the past year (1 month but less than 12 months ago)	2
Within the past 2 years (1 year but less than 2 years ago)	3
2 or more years ago	4
Never	8
Don't know/Not sure	7
Refused	9

MOD1_11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (198)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

MOD1_12.	Have you ever taken a course or class in how to manage your diabetes yourself?		(199)
	Yes		1
	No		2
	Don't know/Not sure		7
	Refused		9

Section 8: Arthritis

8.1.	During the past 12 months, have you had pain, aching, stiffness or swelling in or around a joint?		(91)
	Yes		1
	No	Go to 8.5	2
	Don't know/Not sure	Go to 8.5	7
	Refused	Go to 8.5	9
8.2.	Were these symptoms present on most days for at least one month?		(92)
	Yes		1
	No		2
	Don't know/Not sure		7
	Refused		9
8.3.	Are you now limited in any way in any activities because of joint symptoms?		(93)
	Yes		1
	No		2
	Don't know/Not sure		7
	Refused		9
8.4.	Have you ever seen a doctor, nurse, or other health professional for these joint symptoms?		(94)
	Yes		1
	No		2
	Don't know/Not sure		7
	Refused		9
8.5.	Have you ever been told by a doctor that you have arthritis?		(95)
	Yes		1
	No	Go to 9.1	2

Don't know/Not sure	Go to 9.1	7
Refused	Go to 9.1	9

8.6. Are you currently being treated by a doctor for arthritis? (96)

Yes		1
No		2
Don't know/Not sure		7
Refused		9

Section 9: Immunization

9.1. During the past 12 months, have you had a flu shot? (97)

Yes		1
No		2
Don't know/Not sure		7
Refused		9

9.2. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine. (98)

Yes		1
No		2
Don't know/Not sure		7
Refused		9

Section 10: Tobacco Use

10.1. Have you smoked at least 100 cigarettes in your entire life? (99)

5 packs = 100 cigarettes	Yes		1
	No	Go to 11.1	2
	Don't know/Not sure	Go to 11.1	7
	Refused	Go to 11.1	9

10.2. Do you now smoke cigarettes every day, some days, or not at all? (100)

Every day		1
Some days		2
Not at all	Go to 11.1	3
Refused	Go to 11.1	9

10.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (101)

Yes		1
No		2
Don't know/Not sure		7
Refused		9

Section 11: Alcohol Consumption

11.1. A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how often have you had at least one drink of any alcoholic beverage? (102-104)

Days per week		1	__	__
Days in past 30		2	__	__
No drinks in past 30 days	Go to 12.1	8	8	8
Don't know/Not sure	Go to 12.1	7	7	7
Refused	Go to 12.1	9	9	9

11.2. On the days when you drank, about how many drinks did you drink on the average? (105-106)

Number of drinks	
Don't know/Not sure	<u>7</u> <u>7</u>
Refused	9 9

11.3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? (107-108)

Number of times	
None	<u>8</u> <u>8</u>
Don't know/Not sure	7 7
Refused	9 9

Section 12: Firearms

The next question is about firearms, including weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire.

12.1. Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle. (109)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

Section 13: Demographics

13.1. What is your age? (110-111)

Code age in years	
Don't know/Not sure	<u>0</u> <u>7</u>
Refused	0 9

13.2. Are you Hispanic or Latino? (112)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

13.3. Which one or more of the following would you say is your race? (113-118)

{MUL 6}

Please Read

Mark all that apply	White	1
	Black or African American	2
	Asian	3
	Native Hawaiian or Other Pacific Islander	4
	American Indian, Alaska Native	5
	or	
	Other [specify] _____	6
Do not read these responses	Don't know/Not sure	7
	Refused	9

If more than one response to 13.3, continue. Otherwise, go to 13.5

13.4. Which one of these groups would you say best represents your race? (119)

White	1
Black or African American	2
Asian	3
Native Hawaiian or Other Pacific Islander	4
American Indian, Alaska Native	5
Other [specify] _____	6
Don't know/Not sure	7
Refused	9

13.5. Are you: (120)

Please Read

	Married	1
	Divorced	2
	Widowed	3
	Separated	4
	Never married	5
	or	
	A member of an unmarried couple	6
Do not read	Refused	9

13.6. How many children less than 18 years of age live in your household ? (121-122)

Number of children _____

None	8	8
Refused	9	9

13.7. What is the highest grade or year of school you completed? (123)

Read Only if Necessary

Never attended school or only attended kindergarten	1
Grades 1 through 8 (Elementary)	2
Grades 9 through 11 (Some high school)	3
Grade 12 or GED (High school graduate)	4
College 1 year to 3 years (Some college or technical school)	5
College 4 years or more (College graduate)	6
Refused	9

13.8. Are you currently: (124)

Please Read

Employed for wages	1
Self-employed	2
Out of work for more than 1 year	3
Out of work for less than 1 year	4
A Homemaker	5
A Student	6
Retired	7
or	
Unable to work	8

Do not read Refused 9

13.9. Is your annual household income from all sources: (125-126)

Read as Appropriate

If respondent refuses at any income level, code refused	Less than \$25,000 If "no," ask 05; if "yes," ask 03 (\$20,000 to less than \$25,000)	0 4
	Less than \$20,000 If "no," code 04; if "yes," ask 02 (\$15,000 to less than \$20,000)	0 3
	Less than \$15,000 If "no," code 03; if "yes," ask 01 (\$10,000 to less than \$15,000)	0 2
	Less than \$10,000 If "no," code 02	0 1
	Less than \$35,000 If "no," ask 06 (\$25,000 to less than \$35,000)	0 5
	Less than \$50,000 If "no," ask 07 (\$35,000 to less than \$50,000)	0 6
	Less than \$75,000 If "no," code 08 (\$50,000 to less than \$75,000)	0 7
	\$75,000 or more	0 8
Do not read these responses	Don't know/Not sure	7 7
	Refused	9 9

13.10. About how much do you weigh without shoes? (127-129)

Round fractions up	Weight	— — — pounds
	Don't know/Not sure	7 7 7
	Refused	9 9 9

13.11. About how tall are you without shoes? (130-132)

Round fractions down	Height	— / — — ft/inches
	Don't know/Not sure	7 7 7
	Refused	9 9 9

13.12. What county do you live in? (133-135)

FIPS county code	— — —
Don't know/Not sure	7 7 7
Refused	9 9 9

13.13. Do you have more than one telephone number in your household? Do not include cell

phones or numbers that are only used by a computer or fax machine. (136)

Yes		1
No	Go to 13.15	2
Don't know/Not sure	Go to 13.15	7
Refused	Go to 13.15	9

13.14. How many of these are residential numbers? (137)

Residential telephone numbers [6=6 or more]	—
Don't know/Not sure	7
Refused	9

13.15. How many adult members of your household currently use a cell phone for any purpose? (138)

Number of adults	—
None	8
Don't know/Not sure	7
Refused	9

13.16. Indicate sex of respondent. **Ask only if necessary** (139)

Male Go to 14.1	1
Female	2

If respondent 45 years old or older, go to 14.1

13.17. To your knowledge, are you now pregnant? (140)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

Section 14: Disability

The following questions are about health problems or impairments you may have.

14.1. Are you limited in any way in any activities because of physical, mental, or emotional problems? (141)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

14.2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (142)

Include occasional use or use in certain circumstances	Yes	1
	No	2
	Don't know/Not sure	7
	Refused	9

Section 15: Physical Activity

If 13.8=1,2, Ask 15.1, Else go to 15.2

15.1. When you are at work, which of the following best describes what you do? (143)

Would you say: **Please Read**

If respondent has multiple jobs, include all jobs	Mostly sitting or standing	1
	Mostly walking	2
	or Mostly heavy labor or physically demanding work	3
Do not read these responses	Don't know/Not sure	7
	Refused	9

We are interested in two types of physical activity: vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

15.2. Now, thinking about the moderate physical activities you do **[fill in (when you are not working) if "employed" or "self-employed" to core 13.8]** in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate? (144)

Yes		1
No	Go to 15.5	2
Don't know/Not sure	Go to 15.5	7
Refused	Go to 15.5	9

15.3. How many days per week do you do these moderate activities for at least 10 minutes at a time? (145-146)

Days per week		—	—
Does not Exercise 10 minutes weekly	Go to 15.5	8	8
Don't know/Not sure		7	7
Refused		9	9

15.4. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (147-149)

Hours and minutes per day	Range 0:10-9:59	—	:	—	—
Don't know/Not sure		7	7	7	
Refused		9	9	9	

15.5. Now thinking about the vigorous physical activities you do **[fill in (when you are not working) if "employed" or "self-employed" to core 13.8]** in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate? (150)

Yes		1
No	Go to 16.1	2
Don't know/Not sure	Go to 16.1	7
Refused	Go to 16.1	9

15.6. How many days per week do you do these vigorous activities for at least 10 minutes at a time? (151-152)

Days per week		
Does not Exercise 10 minutes weekly	Go to 16.1	8 8
Don't know/Not sure		7 7
Refused		9 9

15.7. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (153-155)

Hours and minutes per day	Range 0:10-9:59	__: __
Don't know/Not sure		7 7 7
Refused		9 9 9

Section 16: Prostate Cancer Screening

If Respondent is female, or 13.1<40, Go to 17.1

16.1. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (156)

Yes		1
No	Go to 16.3	2
Don't Know/not Sure	Go to 16.3	7
Refused	Go to 16.3	9

16.2. How long has it been since you had your last PSA test? (157)

Read Only if Necessary

Within the past year (anytime less than 12 months ago)	1
Within the past 2 years (1 year but less than 2 years ago)	2
Within the past 3 years (2 years but less than 3 years ago)	3
Within the past 5 years (3 years but less than 5 years ago)	4
5 or more years ago	5
Don't know	7
Refused	9

16.3. A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? (158)

Yes		1
No	Go to 16.5	2
Don't know/Not sure	Go to 16.5	7
Refused	Go to 16.5	9

16.4. How long has it been since your last digital rectal exam? (159)

Within the past year (anytime less than 12 months ago)		1
Within the past 2 years (1 year but less than 2 years ago)		2
Within the past 3 years (2 years but less than 3 years ago)		3
Within the past 5 years (3 years but less than 5 years ago)		4
5 or more years ago		5
Don't know		7
Refused		9

16.5. Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer? (160)

Yes		1
No		2
Don't know/Not sure		7
Refused		9

16.6. Has your father, brother, son, or grandfather ever been told by a doctor, nurse, or health professional that he had prostate cancer? (161)

Yes		1
No		2
Don't know/Not sure		7
Refused		9

Section 17: Colorectal Cancer Screening

If 13.1<50, Go to 18.1

17.1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (162)

Yes		1
No	Go to 17.3	2
Don't know/Not sure	Go to 17.3	7
Refused	Go to 17.3	9

17.2. How long has it been since you had your last blood stool test using a home kit? (163)

Read Only if Necessary

Within the past year (anytime less than 12 months ago)	1
Within the past 2 years (1 year but less than 2 years ago)	2
Within the past 5 years (2 years but less than 5 years ago)	3
5 or more years ago	4
Don't know	7
Refused	9

17.3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had either of these exams? (164)

Yes		1
No	Go to HIV/AIDS Section	2
Don't know/Not sure	Go to HIV/AIDS Section	7
Refused	Go to HIV/AIDS Section	9

17.4. How long has it been since you had your last sigmoidoscopy or colonoscopy? (165)

Read Only if Necessary

Within the past year (anytime less than 12 months ago)	1
Within the past 2 years (1 year but less than 2 years ago)	2
Within the past 5 years (2 years but less than 5 years ago)	3
Within the past 10 years (5 years but less than 10 years ago)	4
10 or more years ago	5
Don't know	7
Refused	9

Section 18: HIV/AIDS

If 13.1>64, Go to Transition to Modules

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

I'm going to read two statements about HIV, the virus that causes AIDS. After I read each one, please tell me whether you think it is true or false, or if you Don't know.

18.1. A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby. (166)

True	1
False	2
Don't know/Not Sure	7
Refused	9

18.2. There are medical treatments available that are intended to help a person who is infected with HIV to live longer. (167)

True	1
False	Go to 18.4
Don't know/Not Sure	Go to 18.4
Refused	Go to 18.4

18.3. How effective do you think these treatments are helping persons with HIV to live longer? (168)

Would you say:

Please Read

Very effective	1
Somewhat effective	2
or	
Not at all effective	3

Do not read these responses	Don't know/Not sure	7
	Refused	9

18.4. How important do you think it is for people to know their HIV status by getting tested?
(169)

Would you say:

Please Read

Very important	1
Somewhat important	2
or	
Not at all important	3

Do not read these responses	Don't know/Not sure	7
	Refused	9

18.5. As far as you know, have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation.
(170)

Include saliva tests	Yes		1
	No	Go to 18.9	2
	Don't know/Not sure	Go to 18.9	7
	Refused	Go to 18.9	9

18.6. Not including blood donations, in what month and year was your last HIV test?
Note: If HIV test occurred before January 1985 enter 7777, Don't know/Not sure.

(171-174)

Include saliva tests	Code month and year	<u> </u> / <u> </u> <u> </u> <u> </u>
	Don't know/Not sure	7 7 7 7
	Refused	9 9 9 9

18.7. What was the main reason you had your test for HIV in [fill in date from 18.6]?
(175-176)

Read Only if Necessary

For hospitalization or surgical procedure	0 1
To apply for health insurance	0 2
To apply for life insurance	0 3
For employment	0 4
To apply for a marriage license	0 5
For military induction-or military service	0 6
For immigration	0 7
Just to find out if you were infected	0 8
Because of referral by a doctor	0 9
Because of pregnancy	1 0
Referred by your sex partner	1 1
For routine check-up	1 3

Because of occupational exposure	1 4
Because of illness	1 5
Because I am at risk for HIV	1 6
Other	8 7
Don't know/Not sure	7 7
Refused	9 9

18.8. Where did you have the HIV test in [fill in date from 18.6]? (177-178)

Read Only if Necessary

Private doctor, HMO	0 1
Blood bank, plasma center, Red Cross	0 2
Health department	0 3
AIDS clinic, counseling, testing site	0 4
Hospital, emergency room, outpatient clinic	0 5
Family planning clinic	0 6
Prenatal clinic, obstetrician's office	0 7
Tuberculosis clinic	0 8
STD clinic	0 9
Community health clinic	1 0
Clinic run by employer	1 1
Insurance company clinic	1 2
Other public clinic	1 3
Drug treatment facility	1 4
Military induction or military service site	1 5
Immigration site	1 6
At home, home visit by nurse or health worker	1 7
At home using self-sampling kit	1 8
In jail or prison	1 9
Other	8 7
Don't know/Not sure	7 7
Refused	9 9

The next question is about sexually transmitted diseases other than HIV, such as syphilis, gonorrhea, chlamydia, or genital herpes.

18.9. In the past 12 months has a doctor, nurse, or other health professional talked to you about preventing sexually transmitted diseases through condom use? (179)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

Transition to Modules and State-added Questions

Finally, I have just a few questions left about some other health topics.

Module 8: Heart Attack and Stroke

Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke.

MOD8_1. Which of the following do you think is a symptom of a heart attack. For each, tell me yes, no, or you're not sure.

a. Do you think pain or discomfort in the jaw, neck, or back are symptoms of a heart attack? (282)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

b. Do you think feeling weak, lightheaded, or faint are symptoms of a heart attack? (283)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

c. (Do you think) chest pain or discomfort (are symptoms of a heart attack?) (284)

Yes	1
No	2

Don't know/Not sure	7
Refused	9

d. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?) (285)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

e. (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?) (286)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

f. (Do you think) shortness of breath (is a symptom of a heart attack?) (287)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

MOD8_2. Which of the following do you think is a symptom of a stroke. For each, tell me yes, no, or you=re not sure. (288)

a. Do you think sudden confusion or trouble speaking are symptoms of a stroke?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

b. Do you think sudden numbness or weakness of face, arm, or leg, especially on one side, are symptoms of a stroke? (289)

Yes	1
No	2
Don't know/Not sure	7

	Refused	9	
c.	(Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?)		(290)
	Yes	1	
	No	2	
	Don't know/Not sure	7	
	Refused	9	
d.	(Do you think) sudden chest pain or discomfort (are symptoms of a stroke?)		(291)
	Yes	1	
	No	2	
	Don't know/Not sure	7	
	Refused	9	
e.	(Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?)		(292)
	Yes	1	
	No	2	
	Don't know/Not sure	7	
	Refused	9	
f.	(Do you think) severe headache with no known cause (is a symptom of a stroke?)		(293)
	Yes	1	
	No	2	
	Don't know/Not sure	7	
	Refused	9	

MOD8_3. If you thought someone was having a heart attack or a stroke, what is the first thing you would do? (294)

Please Read

Take them to the hospital	1
Tell them to call their doctor	2
Call 911	3
Call their spouse or a family member	4

	or	
	Do something else	5
Do not read these responses	Don't know/Not sure	7
	Refused	9

Module 13: Tobacco Indicators

If Core 10.1≠1, Go to MOD13_6

Previously you said you have smoked cigarettes.

MOD13_1. How old were you the first time you smoked a cigarette, even one or two puffs?
(347-348)

Code age in years	— —
Don't know/Not sure	7 7
Refused	9 9

MOD13_2. How old were you when you first started smoking cigarettes regularly?
(349-350)

Code age in years	— —
Never smoked regularly Go to MOD13_6	8 8
Don't know/Not sure	7 7
Refused	9 9

If Core 10.2=9, Go to MOD13_6

If Core 10.2≠3, Go to MOD13_4

MOD13_3. About how long has it been since you last smoked cigarettes regularly?
(351-352)

Read Only if Necessary

Within the past month (anytime less than 1 month ago)	01
Within the past 3 months (1 month but less than 3 months ago)	02
Within the past 6 months (3 months but less than 6 months ago)	03
Within the past year (6 months but less than 1 year ago)	04
Within the past 5 years (1 year but less than 5 years ago)	05
Within the past 10 years (5 years but less than 10 years ago)	06

10 or more years ago	07
Don't know/Not sure	77
Refused	99

Go to MOD 13_6

MOD13_4. In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself? (353)

Yes		1
No	Go to MOD13_6	2
Don't know/Not sure	Go to MOD13_6	7
Refused	Go to MOD13_6	9

MOD13_5. In the past 12 months, has a doctor, nurse, or other health professional advised you to quit smoking? (354)

Yes		1
No		2
Don't know/Not sure		7
Refused		9

MOD13_6. Which statement best describes the rules about smoking inside your home? (355)

Please Read	
Smoking is not allowed anywhere inside your home	1
Smoking is allowed in some places or at some times	2
Smoking is allowed anywhere inside the home	3
or	
There are no rules about smoking inside the home	4

Do not read these responses	Don't know/Not sure	7
	Refused	9

If Core 13.8≠1,2, Go to next module

MOD13_7. While working at your job, are you indoors most of the time? (356)

Yes		1
No	Go to Next Module	2
Don't Know/Not Sure	Go to Next Module	7
Refused	Go to Next Module	9

MOD13_8. Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms? (357)

For workers who visit clients, "place of work" means their base location	Please Read		
	Not allowed in any public areas		1
	Allowed in some public areas	2	
	Allowed in all public areas or		3
	No official policy		4
Do not read these responses	Don't know/Not sure		7
	Refused		9

MOD13_9. Which of the following best describes your place of work's official smoking policy for work areas? (358)

Do not read	Please Read		
	Not allowed in any work areas		1
	Allowed in some work areas		2
	Allowed in all work areas		3
	Or		
	No official policy		4
	Don't know/Not sure		7

these responses

Refused

9

NEW ENGLAND STATE-ADDED ASTHMA QUESTIONS

[IF 13.6 <= 1]

NE1_1 Earlier you said that there were [Number from 13.6] children age 17 or younger living in your household. How many of these children have ever been diagnosed with asthma?

(590)

Number of Children	_____	_____
Don't know/Not sure	7	7
Refused	9	9
None	8	8

[IF NE1_1 > 1THEN]

NE1_2 How many of these children still have asthma?

(592)

Number of Children	_____	_____
Don't know/Not sure	7	7
Refused	9	9
None	8	8

[IF NE1_1 < 1THEN]

NE1_2 Does this child still have asthma?

(593)

Yes	1
No	2
Don't know/Not sure	7
Refused	9

State-Added Questions

The following questions cover safety and injury in and around the home.

ME1_1 Has your family practiced or discussed an escape plan in case of fire at home?

(400)

Yes	1
No	2
Don't Know/Not Sure	7

	Refused	9
ME2_1	How often do you use the car safety belts when you ride in a car? Would you say. ..	(401)
	Always	1
	Nearly always	2
	Sometimes	3
please	Seldom	4
read	Never	5
answers	Don't know/Not sure	7
	Refused	9

ME2_2 How often do you buckle up children age 12 and under in the **back seat** when you drive a car? Would you say. . .

(402)

[INTERVIEWER NOTE:BACK SEAT IS THE MOST IMPORTANT PART OF THIS QUESTION]

	Always	1
	Nearly always	2
	Sometimes	3
please	Seldom, or	4
read	Never	5
	Do not travel with children under age 12	6
answers	Don't know/Not sure	7
	Refused	9

[IF 12.1 = 1 THEN DO]

[IF 12.1 NE 1 THEN SKIP TO ME3_1]

ME2_3 We have a few additional questions on firearms:
What is the main reason there are firearms in or around your home?
Would you say. . . (403)

	Hunting or sport	1
	Protection	2
please	Work, or	3
read	Some other reason	4
answers	Don't know/Not sure	7
	Refused	9

ME2_4 How is the firearm in or around your home stored? Would you say. . . (404)

	Loaded with an external lock	1
--	------------------------------	---

	Loaded in a safe or storage box	2
	Unloaded with an external lock	3
	Unloaded in a safe or storage box	4
	Broken down	5
please	Unloaded (without additional precaution)	6
read	Loaded (without additional precaution)	8
answers	Don't know/Not sure	7
	Refused	9

ME3_1 Are you aware that there is a statewide resource center for information about suicide prevention?
 [INTERVIEWER NOTE: HOTLINE # IS 1-800-499-0027 IF SOMEONE SAYS THEY NEED A SUICIDE HOTLINE]

(405)

Yes	1
No	2
Don't Know/Not Sure	7
Refused	9

ME3_2 Would you use the statewide crisis hotline if you or someone else were feeling suicidal?
 [INTERVIEWER NOTE: HOTLINE # IS 1-800-499-0027 IF SOMEONE SAYS THEY NEED A SUICIDE HOTLINE]

(406)

Yes	1
No	2
Don't Know/Not Sure	7
Refused	9

ME4_1 Have you bought a home in the last 10 years?

(407)

Yes	1
No	{ SKIP TO ME4_6 } 2
Don't Know/Not Sure	{ SKIP TO ME4_6 } 7
Refused	{ SKIP TO ME4_6 } 9

ME4_2 Did you have your home tested for Radon before you bought it?

(408)

Yes	1
-----	---

	No	{ SKIP TO ME4_6}	2	
	Don't Know/Not Sure	{ SKIP TO ME4_6}	7	
	Refused	{ SKIP TO ME4_6}	9	
ME4_3	Were the Radon levels high?			(409)
	Yes		1	
	No	{ SKIP TO ME4_6}	2	
	Don't Know/Not Sure	{ SKIP TO ME4_6}	7	
	Refused	{ SKIP TO ME4_6}	9	
ME4_4	Did the Radon levels get reduced/fixed?			(410)
	Yes	{ SKIP TO ME4_6}	1	
	No		2	
	Don't Know/Not Sure		7	
	Refused		9	
ME4_5	Was the reason because. . .			(411)
	Cost was a problem		1	
	You thought radon was not dangerous		2	
	You were told a radon test was not necessary		3	
	Don't Know/Not Sure		7	
	Refused		9	
ME4_6	Do you own your own home now?			(412)
	Yes		1	
	No	{ SKIP TO END}	2	
	Don't Know/Not Sure	{ SKIP TO END}	7	
	Refused	{ SKIP TO END}	9	
ME4_7	Do you get your drinking water from your own well? [INTERVIEWER NOTE: IF RESPONDENT SAYS THEY HAVE A SPRING AS A WATER SOURCE, TREAT THIS THE SAME AS A WELL]			(413)
	Yes		1	
	No	{ SKIP TO ME4_9}	2	
	Don't Know/Not Sure	{ SKIP TO ME4_9}	7	
	Refused	{ SKIP TO ME4_9}	9	
ME4_8	Have you tested your drinking water for arsenic?			(414)

Yes		1
No		2
Don't Know/Not Sure		7
Refused		9

ME4_9 Are you aware that the bureau of health has recommended that anyone with a drilled well should test drinking water for arsenic? (415)

Yes		1
No		2
Don't Know/Not Sure		7
Refused		9

ME4_10 Do you own any structures such as a deck, entryway, or play structure made with pressure treated wood? (416)

Yes		1
No	{ SKIP TO END }	2
Don't Know/Not Sure	{ SKIP TO END }	7
Refused	{ SKIP TO END }	9

ME4_11 When did you last treat these structures with paint, stain or sealant to preserve the wood? Was it. . . (417)

	Within the past year	1
	2 years ago	2
	3 years ago	3
please	More than 3 years ago	4
read	Never	5
answers	Don't Know/Not Sure	7
	Refused	9

ME4_12 Do you have any children under six years of age?

		(418)
Yes	1	
No	2	
Don't Know/Not Sure	7	
Refused	9	

Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.